	•			Issue Date		
		INSURANCE CERTIF	ICATE OF COVER	AGE		
Named Insured:				Specification #:		
Address:				RFP#:		
(NUMBER & STREE		TREET)		Project #:		
(CITY)	(STATE)	(ZIP)		Contract #:		
Description of Operation/Location						
of cancellation, no change to the City	anon described within the co in-renewal or material chang of Chicago at the address s he named insured, and it is a	icated below have been issued intract involving the named insign involving the indicated policishown on this Certificate. This mutuality understood that the C	ured and the City of Chi es, the issuer will provid certificate is issued to t	cago. The Certificate iss te at least sixty (60) days he City of Chicago in con	prior written notice of such	
Type of Insurance		Insurer Name	Policy Number	Expiration Date	Limits of Liability All Limits in Thousands	
Products/Co Blanket Co Broad Form	Claims made perations Collapse Underground purpleted Operations intractual in Property Damage at Contractors				Each Occurrence \$ General Aggregate \$ Products/Completed Operations Aggregate \$	
Automobile Liability Excess Liability Umbrella Li					Each Occurrence \$ Each	
Workers' Compensa Employer's Liability					Occurrence \$ Statutory/fillinois Employers Liability \$	
Builders' Risk/Course of Construction					Amount of Contract	
Professional Liability					S	
Owner Contractors Protective		•			S	
Other a) Each insurance policy required by this agreement, except policies for workers' compensation and professional liability, will read: "The City of Chicago is an additional insured as respects to operations and activities of, or on behalf of the named insured, performed under contract with or permit from the City of Chicago". b) The General, Automobile and Excess/Umbrella Liability Policies described provide for separation of insureds applicable to the named insured and the City. c) Workers Compensation and Property insurer shall waive all rights of subrogation against the City of Chicago. d) The receipt of this certificate by the City does not constitute agreement by the City that the insurance requirements in the contract have been fully met, or that the insurance companies indicated by this certificate are in compliance with all contract requirements						
Name and Address of Certificate Holder and Recipient of Notice Signature of Certificate Holder/Additional Insured Authorized Rep.						
		Agency/Company				
		Address	· · · · · · · · · · · · · · · · · · ·			
		Telenhone				

FOR CITY USE ONLY:

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